CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	iled:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS MR FIRST	MI	OFFICI	EUSEONLY
NAME	rian rian		Date Received	3
	NICKNAME Warrick	SUFFIX		JAN 2
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	POBOX 201565	STATE; ZIP CODE		ERATOR.
Change of Address	300000			5
5 CANDIDATE/ OFFICEHOLDER PHONE	(210) 602-627	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR) EIRST	МІ	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Hanks	Jr.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 26627 Callaway K	•	ZIP CODE	
(Residence or Business)	Boerne 1X 78015	, 		
8 CAMPAIGN TREASURER PHONE	(210) 932-8147	EXTENSION 7		
	·			
9 REPORT TYPE	January 15 30th day before el	ection Runoff		after campaign appointment ler Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 15	THROUGH 1Z	30 /201	
11 ELECTION	BLECTION DATE Month Day Fel General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any) City Council District MA	2 Cotty Count	eil M	A
	GO TO	PAGE 2		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	lan Wal	rick I	5 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMI SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIOF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL		9				
	SPECIFIC	COMMITTEE ADDRESS	16 JAN 2				
		COMMITTEE CAMPAIGN TREASURER NAME	men				
Additional Pages			THE RESERVE				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	. 19				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ					
	i e	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$35,694.99				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 25,697.77				
CONTRIBUTION BALANCE	5. TOTAL F	DAY \$ 12,393,56					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	**************************************				
18 AFFIDAVIT							
AFFIX NOTARY STAM	SSAA OPTET	true and correct and includes all info under Title 15, Election Code. Signature of Cano	erjury, that the accompanying report is rmation required to be reported by me				
Sworn to and subscr	11.	by the said Alan E. Warnek II. to certify which, witness my hand and seal of office.	, this the				
Me de la company	m	Melissa A. Lopet	Notary				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) Date out-of-state PAC (ID#: 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$ Date out-of-state PAC (ID#:_ Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Eth Han Warrick II	ics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$35,640. 5 %
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 75697.7g
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	с/он \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ O. 333 38

S ON CITY CLERK

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: FILER NAME 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instru Date out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONEIARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Alan Warrick II	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#: State	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 5
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED If contributor is out-of-state PAC, please see instruction guide for additional rep	DED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Principal occupation / Job title (See Instruction Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: FILER NAME 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#: 7 Amount of contribution (\$) Date out-of-state PAC (ID#:____ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Full name of contributor ut-of-state PAC (ID#: 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) City; State; Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#: 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) State; Principal occupation / Job title (See Instruction Date out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: FILER NAME 3 Filer ID (Ethics Commission Filers) // out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date ut-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date out-of-state PAC (ID#: 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Alan Warrick II	3 Filer ID (Ethics Commission Filers
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occupation / Job title (6se Instructions) Oscar Gar Za City; State; Zip Code Attorio TX Principal occupation / Job title (6se Instructions)	SOO.* Z8230 e Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code 164 Summer Gen Boeret 7800 rincipal occupation / Job title (See Instructions) Employer (See	500.00
rincipal occupation / Job title (See Instructions) Employer (See	Instructions)
Full name of contributor out-of-state PAC (ID#: 13/15 Hugo Ouitiervez Jr Contributor address; City; State; Zip Code 4 Sanazen Ct San Antonio 1 x 78257	
incipal occupation / Job title (See Instructions) Employer (See	Instructions)
Section State PAC (ID#: State Sta	500.00
ncipal occupation / Job title (See Instructions) Employer (See I	Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Han Warrick II	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 9/5/5 6 Contributor address; City; State; Zip Code 16/15/15/15/15/15/15/15/15/15/15/15/15/15/	7 Amount of contribution (\$) 3 60,60 tions)
Date Full name of contributor out-of-state PAC (ID#:) Part are Hawkins Contributor address; City; State; Zip Code 23008 South Fork San Antonio TX 7825	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 250.00 ons)
Date Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
2/15/15 Contributor address; City; State; Zip Code 306 Convert St Swife 1500 Sun Antonio TX 782	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	00
	AM II: 20
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

2 FILER NAME Han Warrick II 4 Date 5 Full page of contribute	Amount of contribution (\$) 150.00 s)
A Date 5 Full name of contributor Glob/15 G Contributor address; City: State; Zip Code 7550WITH Drife 800 San Anterso TX 783 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Severy Davi's Contributor/address; City: State; Zip Code 230 Balboa Dr Universal City 78148	7 Amount of contribution (\$) 250,00 29 Amount of contribution (\$) 150,00 s)
Arthur Javidan 6 Contributor address; City; State; Zip Code 7550WIHTD Stress and Interval Principal occupation / Job title (See Instructions) 9 Employer (See Instruction) Date Full name of contributor Out-of-state PAC (ID#: Contributor/address; City; State; Zip Code 230 Balboa Dr Universal City 78148	250,00 29 ns) Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instruction) Date Full name of contributor Out-of-state PAC (ID#: Contributor/address; City; State; Zip Code 230 Balboa Dr Universal CHTX 78148	Amount of contribution (\$) 150.00 s)
Date Full name of contributor Severy Davi's Contributor/address; City; State; Zip Code Contributor/address City; State; Zip Code City; State; Zip Code Contributor/address City; State; Zip Code City;	Amount of contribution (\$) 150.00 s)
15/15 Bevery Davis Contributor/address; City; State; Zip Code 230 Balboa Dr Universal CHUTX 78148	150,00
Contributor/address; City; State; Zip Code 230 Balboa Dr Universal CHTX 78148 Principal occupation / Job title (See Instructions) Ephployer (See Instructions)	
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Expolorer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code Columbrate Company C	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	3)
Date Full name of contributor out-of-state PAC (ID#:) 15/6 Christarson	Amount of contribution (\$)
	100.0
rincipal occupation / Job title (See Instructions) Employer (See Instructions)	
	2
	AT FRATON
	20

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) State; Principal occupation / Job title (See Instructions Date out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$)

Principal occupation / Job title (See Instructions

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date ut-of-state PAC (ID#: 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instruction Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation Lob title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date 4 Out-of-state PAC (ID# 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Date Fyll name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Date

Out-of-state PAC (ID#)

State; Zip Code

Amount of contribution (\$)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions Employer (See Instructions) Date Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#. Amount of contribution (\$) State: Zip Code Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Out-of state PAG HOW 7 Amount of contribution (\$) Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Out of state PAC dO# Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Principal occupation / Job title (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date Out of state PAC HOW 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions Employer (See Instructions) Date Full name of contributor Out of state PA(Httm Amount of contribution (\$) State Principal occupation / Job title (See Instructions) (See Instructions) Date Full name of contributor Out of state PAC (IO# Amount of contribution (\$) Principal occupation / Job title (See Instruction Date Full name of contributor Out-of-state PAC :(O# Amount of contribution (\$) Contributor address: State Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Magas/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co		other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME / COM SELET	3	Filer ID (Ethics Commission Filers)
4 Date ///15	5 Payee name FACEBOOK		
6 Amount (\$) 14568	7 Payee address; City; State; Zip Code / Hacker Way Menlo Park	CA 940	25
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advert 35 mg		e of Texas. Complete Schedule T. (, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 7/3/15 Amount (\$)	Payee name Move Busters Payee address; City; State; Zip Code		
100.00	A	TX 7822	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Furnifure Moving		of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Correction
Date/ 7/15/15	Payee name USPS		AM ERK ON E
Amount (\$)	Payee address; City; State; Zip Code 4950E Haston St San An	tunia TX 78.	270
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	3CHEDULE AS NEEDE	.D

SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS \$ 7 Name of lender 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#:_ 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Υ Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; Guarantor address; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date S Description Check if travel outside of Texas. Complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH N Payee name L Son Antonio TX 78203 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Committee Legal S	ards/Memorials Expense Services	· ·	es/Contract Labor	Travel Out Of District Other (enter a categorial)		ve)
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH (3) Payee name Date City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date State; (b) Description 8 Check if travel outside of Texas. Complete Schedule **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 F 3 Filer ID (Ethics Commission Filers) 5 Zip Code State: 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee address; Description Check if travel outside of Texas. Complete Schedula T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name (b) Description Check if travel outside of Texas. Complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office-held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name n Antonto TX 78 ZZO Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date eal Suite 200 Sandlego, CA9 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense. Contributions/Donations Made By Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date San Hatanlo, TX 78210 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Sun Antonio TX 78205 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date N rite 150 floen'x AZ 85004 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ontribution Check if Austin, TX, officeholder living expension OF **EXPENDITURE** Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name N State; Categories listed at the top of this schedule Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date mmerco San Antonio TX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orders extension and listed charge)

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date 5 State; AVENE 5000 Atlanta GA 30308 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** raths a H. or Jeff W. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name N Amount (\$) State: Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date State: Zip Code Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payge name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Amount Category (See Categories listed at the top of this schedule **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date San Antonio Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER 3 Filer ID (Ethics Commission Filers) 4 Date Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct N expenditure to benefit C/OH Pavee name Date Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILEF 4 Date Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** N Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date N Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FI 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Description O Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order a category not listed above)

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE OF			side of Texas. Complete Schedule T.	
EXPENDITURE		LJ Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K: \geq				
2 FILER NAME	s Commission Filers)				
4 Date	5 Name of person from whom amount is received	, :	8 Amount (\$)		
~ <i>(</i> .	FrostBank 6 Address of person from whom amount is received; City; State;	Zip Code	0.03		
2/10/6	7 Purpose for which amount is received Check if	70K			
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
21/	Frost Bank		0.04		
9/11/15	100W. Houston St. San Antonio TX	•	9	Z.	
-	Purpose for which amount is received Check if	political contribution	returned to filer	<u></u>	
			I D	10	
Date	Name of person from whom amount is received		Amount (\$)	Bun	
10/13/15	Address of person from whom amount is received; City; State;	Zip Code	0,16	NIE I	
	100 W. Houston St. San Antonio TX	78285			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
11/12/15	Address of person from whom amount is received; City; State;		<i>O.</i> 6 8		
775	196 W Houston St. San AntoniaTX	78205			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

		· · · · · · · · · · · · · · · · · · ·						
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	1 Total pages Schedule T:		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5	Contribution / Expend Schedule A2 Schedule F2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
6	Dates of travel		Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S 7 Name of person(s) traveling					
•	Dates of travel	8 Departure city or name of departure location						
		9 Destination city or name of destination location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
	Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee			
	Contribution / Expend	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	Schedule F2							
	Dates of travel Name of person(s) traveling							
		Departure city or name of departure location						
		Destinat	ion city or	name of destination lo	cation		ಹ	
Means of transportation		Purpo	ose of travel (including	name of conference,	seminar, or other event)	5 257		
	Name of Contributor /	Corporation	or Labor C	Organization / Pledgor /	Payee			
	Contribution / Expend	liture reported	on:					
	Schedule A2	Schee	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F	
	Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
	Dates of travel							
	Departure city or name of departure location							
		Destinati	on city or	name of destination loo	cation			
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K:						
2 FILER NAME	s Commission Filers)						
4 Date	5 Name of person from whom amount is received From Bakk		8 Amount (\$)				
12/10/15	6 Address of person from whom amount is received; City; State; 100 W. Howston St San Anton 10 TV	Zip Code 78205	0.07				
	7 Purpose for which amount is received Check if political contribution returned to filer						
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code					
	Purpose for which amount is received Check if p	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$) = = = = = = = = = = = = = = = = = = =				
	Address of person from whom amount is received; City; State;	Zip Code	SAN ANT				
	Purpose for which amount is received Check if p	political contribution r	returned to ther				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code					
	Purpose for which amount is received Check if p	olitical contribution r	eturned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							